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Class Specifications  
for the Class:

HEALTH CARE CONTRACTS & REIMBURSEMENT MANAGER  
(HEALTH CARE CNTRCTS & REIM MGR)

Duties Summary:

Manages the contracts and reimbursement activities of the statewide Medicaid program; supervises the work of subordinate staff; and performs other related duties as assigned.

Distinguishing Characteristics:

This one position class reflects responsibility for managing the contracts and reimbursement activities of the statewide Medicaid program. These activities include developing, implementing and evaluating reimbursement regulations, methodologies, and rates for health care services, supplies and equipment; developing, procuring, monitoring and reviewing contracts with individual health care providers, institutions and the fiscal agent; managing and coordinating the use, implementation and monitoring of the Medicaid Management Information System (MMIS), and other automated information systems; managing and monitoring the Third Party Liability Recovery Program and other claims; developing standards, monitoring and evaluating the Fiscal Intermediary as to compliance with policies, procedures, directives and contract specifications; planning, developing and implementing internal and external cost containment measures; and preparing, receiving or reviewing a variety of reports/audit findings.

The one position in this class serves as branch chief and develops, implements and monitors goals, objectives, policies and procedures of the branch, reviews manpower and equipment needs and prepares budgetary requests and justifications. The position also oversees the development, monitoring and implementation of contracts and reimbursement activities and serves as chief intermediary between providers, Health Care Administration Division and the Fiscal Intermediary. In addition, this position maintains extensive personal contacts with other State and Federal government personnel, representatives of health care providers and other private agencies and the general public. These contacts are to provide and receive information, seek cooperation and to resolve problems.

The work is performed under the general supervision of the Health Care Administration Division Chief and within the broad framework of State and Federal laws, rules and regulations, administrative policies and overall departmental goals and objectives.

Examples of Duties:

Manages the contracts and reimbursement activities of the statewide Medicaid program; develops, implements and monitors policies and procedures to ensure the most effective and efficient functioning of the branch; reviews branch manpower and equipment needs and reflects needs through periodic budget requests, requests for temporary positions, etc.; meets periodically with other division or department administrators to explain program activities and the branch's role in the division's and/or department's overall scheme; provides division or department with requested information or reports; oversees the development, procurement, monitoring and renewal of contracts with individual health care providers; oversees development of reimbursement methodologies and rates for medical services, supplies and equipment for Medicaid recipients; oversees proposals for procurement of medical sources, supplies and equipment from vendors; oversees and approves standards for monitoring the fiscal agent and for portions of utilization review, audit and reimbursement functions; oversees the Third Party Liability recovery program; researches and implements other recoupment programs; oversees the development of advance planning documents for the Medicaid Management Information System (MMIS); oversees the development of standards for MMIS and other automated data systems; recommends program cost containment measures to Health Care Administration Division (HCAD) administrators and Medical Financial Analyst based on staff input and observations and monitors implementation of these measures; serves as chief intermediary between health care providers, HCAD and Fiscal Intermediary to resolve reimbursement problems; instructs the Fiscal Intermediary staff in reimbursement policies based on Federal/State guidelines; works with other departmental and State agencies to expedite review and authorization of provider payments and to explore legal ramifications of delays in payment; serves as chief liaison with Federal auditors and program consultants to track reimbursement justification for payment, amount of payment, possible precedent setting reimbursement, etc., and to ensure that Federal funds are being properly dispensed; informs other HCAD branch chiefs of pertinent decisions affecting their operations; examines any practices by other HCAD branches which impact upon reimbursement policies; develops and implements procedures and instructs out-of-state health care

providers on filing for out-of-state claims; receives health care provider complaints and resolves problems; maintains records of complaints for future program modification use; provides health care provider training; provides supervision and administrative direction to subordinate staff; discusses technical problems with staff, directs them to possible information sources or researches problems; arranges for or provides staff training; communicates changes in branch/division/department policies and procedures; evaluates staffs' job performance and discusses areas needing improvement; implements and monitors work improvement programs; hears any staff complaints; interviews and recommends hiring or firing staff; coordinates and attends the department's Medical Care Advisory Committee meetings; attends other meetings and training sessions; may provide coverage to vacant branch positions; represents the branch or division at meetings as directed by the Health Care Administrator.

Knowledge and Abilities Required:

Knowledge of: Private and public health care programs including the fiscal aspects of health care programs; general financial practices of medical care providers; relationship between costs of medical care, fees, and rate structures; national health trends in care, treatment and legislation; health insurance programs; public relations; principles and practices of supervision; health care data processing information systems; health care costs.

Ability to: Manage the contracts and reimbursement activities of the statewide Medicaid program; evaluate the bases of medical rates and costs; understand data processing information systems used in developing, evaluating and monitoring the MMIS; integrate new ideas, procedures, and requirements from the division, department, State and Federal governments into branch functions; supervise the work of others; communicate effectively orally and in writing; prioritize work assignments; evaluate program activities; develop policies and procedures; maintain effective working relationships with others; draw sound conclusions and develop recommendations.

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This is the first specification for the new class HEALTH CARE CONTRACTS & REIMBURSEMENT MANAGER (HEALTH CARE CNTRCTS & REIM MGR).

PART I  
HEALTH CARE CNTRCTS & REIM MGR

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Services